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Item 3 (c) (ii) of the provisional agenda*

# RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

## India

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of India with a duration of two years that supports activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $71,600,000 from general resources, subject to the availability of funds, and $137,400,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 1997.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

**BASIC DATA**
**(1994 unless otherwise stated)**

| | |
|---|---|
| Child population (millions, 0-15 years) | 344.5 |
| U5MR (per 1,000 live births) | 119 |
| IMR (per 1,000 live births) | 79 |
| Underweight (% moderate and severe) | 53.1 |
| Maternal mortality rate (per 100,000 live births) (1992-1993) | 437 |
| Literacy (% male/female) (1990) | 62/34 |
| Primary school enrolment (% gross, male/female) (1992) | 113/90 |
| Primary school children reaching grade 5 (%) | 62 |
| Access to safe water (%) (1993) | 81 |
| Access to health services (%) (1993) | 85 |
| GNP per capita | $310 |
| One-year-olds fully immunized against: | |
| tuberculosis: | 96 per cent |
| diphtheria/pertussis/tetanus: | 91 per cent |
| measles: | 86 per cent |
| poliomyelitis: | 91 per cent |
| Pregnant women immunized against: | |
| tetanus: | 81 per cent |

## THE SITUATION OF CHILDREN AND WOMEN

1. Recent changes in the economic and political climate have significantly improved the prospects for children in India. Economic reforms under way since 1991 have brought with them a greater concern for the social sectors which is reflected in higher allocations to health and education. There is a growing recognition that primary education needs to be universalized if economic progress is to be sustained. Constitutional amendments in 1992-1993 have paved the way for the devolution of many developmental responsibilities to locally elected governments (panchayats), where one third of the seats are reserved for women. Vibrant and strong community organizations in both rural and urban areas, many of them women's groups, are beginning to articulate their needs and demand better services. Major gains in recent years for children include: a sharp decline in vaccine-preventable diseases; the virtual eradication of dracunculiasis (guinea worm disease); iodization of over 70 per cent of all salt; ratification of the Convention on the Rights of the Child; new initiatives to address illiteracy; reorientation of the national family welfare programme away from family planning targets; additional resources for basic education; and a new national resolve to tackle child labour.

2. The challenge of large absolute numbers remains, however. Of the 25 million children born every year, nearly 2 million still die from preventable diseases including diarrhoea and acute respiratory infections (ARI). Over one half of the children under four years of age are malnourished. Most children enrol in school, but nearly 50 per cent drop out before learning to read or count; some 19 million to 24 million children have never been in school, a majority of them girls. Child labour persists, with estimates of the number of working children ranging from 14 million to 55 million.

3. There are wide disparities across locations, social groups and gender. The infant mortality rate, for example, ranges from a low of 13 per 1,000 live births in Kerala to 110 in Orissa. More than 80 per cent of girls aged 6-14 years attend school in Goa, Mizoram, Kerala and Himachal Pradesh. In contrast, more than one half of girls in Bihar, Rajasthan and Uttar Pradesh are not in school. Families belonging to the Scheduled Castes, Scheduled Tribes and the urban poor have the least access to basic social services.

4. Gender inequality persists, but varies among locations. In 1991, 64 per cent of men were literate, but only 39 per cent of women. Primary school drop-out rates for girls are about double those for boys. In rural areas, girls continue to have a 22 per cent higher risk of dying than boys. Life expectancy for girls in Uttar Pradesh, India's largest state, is 54.6 years, some 20 years less than for a girl born in Kerala.

5. The nationwide maternal mortality rate is high, at 437 per 100,000 live births. Almost 110,000 women die each year from causes related to pregnancy and childbirth. Over 80 per cent of pregnant women in Kerala receive antenatal care, almost twice as many as in such states as Bihar, Nagaland, Rajasthan and Uttar Pradesh. A majority of women still do not know about HIV/AIDS. Fertility rates are still high in northern states.

6. With the ratification of the Convention on the Rights of the Child in December 1992 and the endorsement of the goals of the World Summit for Children, there is increasing recognition that many of the most basic needs of children are basic rights, leading to obligations upon Indian society to ensure they are fulfilled for all. This provides a strong basis for cooperation between the Government and UNICEF during the proposed two-year "bridging" programme and beyond.

## PROGRAMME COOPERATION, 1991-1995

7. The 1991-1995 programme of cooperation was based on increasingly decentralized responses to meet the varying needs of children in all states and on a strong pro-gender, life-cycle approach. A number of important lessons have emerged for improving the situation of children. First, it is possible to achieve near universal coverage of critical survival and development programmes; the fixed-day outreach strategy for the delivery of services by health workers launched under the expanded programme on immunization has been implemented nationwide and includes a wide array of maternal and child health services. Second, in expanding coverage, the role of women's groups is often crucial for sustainability of services. Third, lessons learned in all sectors point to the importance of convergence, especially between the work of government functionaries and community organizations, as a strategy for the sustainability of services, the development of local capacity, disparity reduction and for reaching underserved areas and communities. In addition, the motivation of grass-roots functionaries is a critical element in improving services. Thus, training and supervisory mechanisms need to enhance technical skills, but more so to strengthen communication and community mobilization skills. Fourth, small, quality improvements can have a dramatic effect on the well-being of children. For instance, innovations for the young child (0-2 years) are focusing on the prevention of malnutrition after decades of investment in treating it at a later age. Similarly, painting the bottom three feet of classroom walls black enables each child to have a blackboard - a place of pride and ownership in previously drab school rooms. Finally, progress towards universal primary education demonstrates that effective advocacy puts key issues on the agenda of policy makers and also that UNICEF resources can effectively mobilize national

and international resources. Further, modest UNICEF support to well-documented analyses and the formulation of practical proposals has helped to bring forth rapid and effective public concern and government action to end child labour in hazardous industries.

RECOMMENDED PROGRAMME COOPERATION, 1996-1997

Estimated annual expenditure

(In thousands of United States dollars)

| | 1996 | 1997 | Total |
|---|---|---|---|
| General resources | | | |
| Convergent community action | 5 400 | 5 600 | 11 000 |
| Child's environment - water, sanitation and hygiene | 5 600 | 6 000 | 11 600 |
| Child survival and safe motherhood | 4 000 | 4 500 | 8 500 |
| Primary education | 5 500 | 6 500 | 12 000 |
| Child development and nutrition | 8 000 | 9 000 | 17 000 |
| Child rights through advocacy | 1 500 | 1 600 | 3 100 |
| Planning, monitoring and programme support | 4 000 | 4 400 | 8 400 |
| Subtotal | 34 000 | 37 600 | 71 600 |
| Supplementary funds | | | |
| Convergent community action | 1 000 | 1 000 | 2 000 |
| Child's environment - water, sanitation and hygiene | 16 600 | 16 400 | 33 000 |
| Child survival and safe motherhood | 32 100 | 29 000 | 61 100 |
| Primary education | 10 000 | 11 500 | 21 500 |
| Child development and nutrition | 6 000 | 6 300 | 12 300 |
| Child rights through advocacy | 3 300 | 4 200 | 7 500 |
| Subtotal | 69 000 | 68 400 | 137 400 |
| Total | 103 000 | 106 000 | 209 000 |

8. Preparations for the proposed "bridging" programme began with the mid-term review held in 1993 with Government and collaborating members of the Joint Consultative Group on Policy. Following the development of the national programme of action (NPA) in 1992, India reassessed and reformulated the mid-decade goals with strategies defined and precise monitoring indicators identified for each major goal, and began programme design to meet such goals for the year 2000 as those for safe motherhood, the reduction of ARI and HIV/AIDS. This process was strengthened with the launching of state programmes of action for children. Meetings and workshops involving the Government, non-governmental organizations (NGOs), donors and UNICEF staff were held to identify key cross-cutting issues and new approaches. These included the need to adopt a strong child rights perspective, give a stronger thrust to correcting gender disparities, adapt programmes to the new processes of political decentralization and strengthen intersectoral linkages in poor urban areas. The proposed

programme was finalized with the nine collaborating ministries at joint planning sessions convened by the coordinating government agency, the Department of Women and Child Development (DWCD) in the Ministry of Human Resource Development.

Objectives and strategies

9. The programme has three major objectives: (a) to continue support to major national programme activities designed to achieve the goals of the NPA and the World Summit for Children; (b) to test new approaches that will lead to a long-term programme of cooperation; and (c) to develop a framework that seeks to promote child rights more comprehensively. The programme also will ensure better harmonization of the next full UNICEF programme of cooperation (1998-2002) with the Government's Ninth Five-Year Plan (April 1997 to March 2002).

10. The first strategy is advocacy to make child rights a measure of development through achieving goals by participatory processes. The rights perspective calls for disparity reductions to be more explicit elements of strategies and for the design of new approaches to better reach and empower the poorest. Advocacy efforts will seek to protect the rights of children who are most flagrantly denied such rights and to reduce gender disparities. Secondly, empowerment through convergent community action will be tested so as to strengthen the process of bringing government service agencies into closer and more responsive working relationships with an informed and actively participating community. Thirdly, there will be a renewed emphasis on capacity-building for prevention, rather than cure or rehabilitation, reflected, for example, in the focus on young child malnutrition, and on universal primary education as the most effective measure against child labour. A related capacity-building effort will respond creatively to the devolution of development responsibilities to panchayats and strengthen community and women's groups. The empowerment of women's groups - sponsored schemes by various departments and ministries - will be supported under the new Indira Mahila Yojana (a government scheme for supporting women's development activities), providing a common agenda for social action and a better coordinated set of in puts to assure an active role by and for women in community development.

11. Programme strategies will continue to be adapted to the unique needs of each state. Emphasis in all states will be on capacity-building and community empowerment. In states with the most adverse indicators, however, relatively more emphasis will be placed on service delivery and capacity-building. In more advanced states, advocacy, monitoring progress at the community level and informed action by empowered groups, especially women, will be prominent. Community monitoring will help track progress and inform decision makers.

12. The UNICEF country programme in India has a strong record of obtaining and using substantial amounts of supplementary funding. Based on firm commitments from regular donors and positive indications of new sources of funding, supplementary funding is anticipated for all major sectors. General resources will be allocated to essential and core activities in all sectors as well as to cover most programme planning and support costs. Supplementary funds will be used for more rapid expansion and wider coverage of established programmes related to key decade goals and for replication of successful experiences initially funded by general resources in all sectors and through the convergent community action programme.

Convergent community action

13. In both rural and urban areas, convergent community action seeks to foster a team approach for assessing, analysing and initiating action to realize the rights of children. In rural communities, women's groups and local bodies, particularly women members of panchayats, will be linked with training of an intersectoral team of government workers. Using participatory appraisal techniques pioneered as part of community-based convergent services and training modules designed with a strong gender focus, communities will carry out their own situation analyses, and make their own plans to achieve goals for children.

14. The convergence of services will focus on reaching the most deprived and underserved. In urban areas, community groups established under the Urban Basic Services Programme (UBSP) will encourage sectoral officials to establish a closer relationship with communities. Convergent community action will be developed in each major state with the aim of assessing, by the end of the two-year period, approaches that can be expanded to wider coverage in the subsequent programme period.

The child's environment - water, sanitation and hygiene

15. The programme builds on success of the national Water Mission, with a shift in strategy towards capacity-building for sustainability, the incorporation of the environment as a more central concern and finding new ways to reach unserved communities. Women's participation will be encouraged so they can influence the design of programmes and take on a wide range of roles. One example would be groups of women entrepreneurs assuming responsibility for production and marketing centres such as rural sanitary marts.

16. A new emphasis on the environment of the child encompasses empowerment with action in the immediate environment of the home, including the promotion of improved hygiene, links with improved feeding and caring practices, the promotion of latrines and improving the immediate physical conditions around water points. The focus will be expanded to include such broader environmental concerns as the impact of water table depletion and watershed management, the latter being crucial for sustainability.

17. Continued support to research and development activities will aim to develop a more diversified set of low-cost and appropriate technologies to serve difficult areas (including rainwater harvesting, hydro-fracturing (a method that uses water under high pressure to improve a well's pumping capacity), iron and fluoride removal). A phase-out of support to the national drilling programme will allow a focus on water quality and sustainability as well as on new community-based approaches for the disadvantaged urban poor and coverage of schools and anganwadi (child-care) centres. Dracunculiasis eradication is now in its final phase, and UNICEF inputs will focus on surveillance for certification as being "guinea worm free".

Child survival and safe motherhood

18. The reduction of infant and maternal mortality are the central objectives of the national Child Survival and Safe Motherhood (CSSM) programme. Now in the fourth year of a five-year plan, with 353 of the country's 466 districts covered, CSSM will cover all districts nationwide by 1997. The major focus will be on-demand generation (for oral rehydration salts (ORS) and ARI treatment) at the community level, increasing awareness of the risk of complications during pregnancy and improving the quality of services.

19. Capacity-building will involve a system of continuing training for front-line workers that will be put in place especially for the team of the anganwadi worker and the auxiliary nurse midwife. A priority will be to strengthen skills for ARI care management and newborn care, as well as a joint approach to preventing malnutrition. In safe motherhood, special attention will be given to strengthening the link between the community and referral to subdistrict and district levels. Efforts will be made to lower the risk associated with maternity through the promotion of birth spacing and increased coverage of antenatal care. Information on HIV/AIDS will be disseminated as part of all education activities carried out with the health sector. Increasingly, however, given that HIV/AIDS is primarily a social problem, information and communication activities will focus on behavioural change through non-health sectors, particularly education, and through the media.

20. Improved capacities for data collection and management will be supported at all levels. Coverage surveys will be used to help decision makers identify geographical and programme areas that require special management inputs. Communities will be encouraged to monitor immunization coverage, the availability of ORS and the willingness of the panchayat to assist with transport for emergency obstetric care.

Primary education

21. The programme will help to improve enrolment, the quality of education and learning achievement in the classroom. The service delivery strategy is aimed at the initial enrolment of all six-year-olds in class 1, and then assisting and ensuring their attendance over the following five years, with special attention to reducing drop-out rates among girls and children of Scheduled Castes and Scheduled Tribes. Advocacy for universal and compulsory education will be a key strategy for eliminating child labour.

22. UNICEF will support activities to enhance teachers' competencies, skills and motivation. Getting teachers to change the teaching-learning process in the classroom and highlighting their strengths underpin the new thrust to make learning more relevant, efficient and enjoyable. This will include development of simple methods to measure learning progress and milestones for use by parents and village education committees. Another aim is to strengthen communication between the school and the community. These efforts will link up with the Government's District Primary Education Programme, which receives funds from the World Bank and the European Union, and with joint United Nations system support to universal primary education. In the state of Bihar, experiences of community mobilization and promotion of girls' education under the Bihar Education Project will be drawn on for replication and expansion.

Child development and nutrition

23. To combat the prevention of malnutrition in young children, renewed attention will be given to feeding during pregnancy, the introduction of adequate complementary feeding, improved caring practices and the neglected areas of maternal and adolescent nutrition. In rural areas, efforts will centre on building strong links between the two categories of field workers which have the closest contact with the community - the Integrated Child Development Services (ICDS) anganwadi worker and the auxiliary nurse midwife - through joint training and strengthening of skills in communication and counselling. In urban areas, the links will be between the health and ICDS workers and community volunteers of UBSP and NGOs. Attention also will be paid to the needs of the adolescent girl, including broader strategies to raise the age of marriage and counter gender bias in the family.

24. A more comprehensive approach to anaemia will be pursued, with improved packaging of iron and folic acid tablets, information to women to improve coverage, fortification and experimental approaches to diagnosis and treatment. Renewed emphasis on exclusive breast-feeding will address vitamin A deficiency in addition to strengthening the supplementation programme under CSSM. Fortification will be initiated for treating both anaemia and vitamin A deficiency. To sustain high levels of salt iodization, improved packaging and testing kits will be made widely available to allow communities to verify that salt reaching villages is iodized. Support will be provided for monitoring systems leading to the universal elimination of iodine deficiency disorders.

25. The ICDS programme has a target of universal coverage through a unique network of over 500,000 anganwadis and preschool centres. Community efforts will make the anganwadi a conducive and playful learning environment for the young child and link it with the primary school. Decentralized training of anganwadi workers will help to make training more responsive to local realities.

Child rights through advocacy

26. The "protection" rights of children are emerging as a new strategic area for UNICEF in its relations with the Government and civil society. Partnerships for awareness-creation and stronger enforcement of child rights under the law, with such allies as the United Nations Commission on Human Rights, NGOs and the legal profession, will centre on implementation of the Convention on the Rights of the Child. In areas requiring further understanding and advocacy, support will be given to data collection and analysis and the development of a monitoring system for child rights.

27. Advocacy for protection rights will be built around preventive approaches. Emphasis will continue on the critical importance of compulsory primary education as the most important service strategy for preventing child labour. Innovative support to the Prime Minister's programme to eliminate child labour (in 132 districts of 11 states) aims to strengthen targeting of the poorest families through improved coordination among poverty alleviation programmes.

28. In such areas as child prostitution and trafficking, support will be given to efforts to document the nature and extent of the problem and to help identify strategies that will help change societal norms and practices underpinning such violations. Advocacy for recognition of the special needs of groups often excluded from society's mainstream - notably the disabled, street children, destitute children and, increasingly, children affected by HIV/AIDS - will emphasize integration into the mainstream of social life in schools and families.

29. Support to campaigns to promote the status of girls in the family and the elimination of child marriage and dowry systems will continue in partnerships with DWCD, the Ministry of Information and Broadcasting and others.

Planning, programme support and programme management

30. The initial experience of using multi-indicator cluster surveys for measuring mid-decade goals will be drawn upon to develop a survey system that will have representative information on each goal for monitoring progress at national, state and local levels. Support also will be given to building the capacity of DWCD as the designated nodal department for monitoring all the World Summit for Children and NPA goals. There will be a major effort to learn lessons from previous programme cycles, with at least one major evaluation

planned for this period. The two years prior to the Ninth Five-Year Plan are an important period in which the situation analysis of children and women will help shape the next longer-term programme. Planning of work within UNICEF will be strengthened to assure accountability not only for financial resources, but also for human resources and work processes.

31. Programme support is provided at both central and state levels. National programme support is coordinated by DWCD. Within a national policy framework, programming support is provided to state governments through a network of 10 state offices. Details of cooperation are developed in annual work plans, and annual reviews will be held with the Government.

Partnerships

32. In the area of education, close cooperation is envisaged with the United Nations system and multilateral donors, including the International Bank for Reconstruction and Development (IBRD), the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Development Programme (UNDP). On child and reproductive health, UNICEF will work with IBRD, UNDP and the United Nations Population Fund; on nutrition, with the Asian Development Bank, the Food and Agriculture Organization of the United Nations, IBRD, the International Fund for Agricultural Development and the World Food Programme; and on child labour, with the International Labour Organisation and UNESCO. Close cooperation also is emerging with the United Nations system on issues requiring intersectoral approaches such as HIV/AIDS (with the Joint United Nations Programme on HIV/AIDS), gender (with the United Nations Development Fund for Women) and in follow-up to the major international conferences. Bilateral and multilateral partnerships will continue to be central to the programme, notably with the Governments of Australia, Canada, the Netherlands and Sweden, and other major donors. Strong networks will continue with NGOs and National Committees for UNICEF. In addition, the private sector within the country will be mobilized for providing support to programmes through financial and other resources.

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FOR ACTION

# RECOMMENDATION FOR FUNDING FOR A SHORT-DURATION COUNTRY PROGRAMME**

## Pakistan

SUMMARY

The present document contains a recommendation for funding from general resources and supplementary funds for the country programme of Pakistan with a duration of three years that supports activities that will lead to the preparation of a full-length country programme. The Executive Director recommends that the Executive Board approve the amount of $34,320,000 from general resources, subject to the availability of funds, and $35,038,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 1998.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

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BASIC DATA
(1994 unless otherwise stated)

| | |
|---|---|
| Child population (millions, 0-15 years) | 63.5 |
| U5MR (per 1,000 live births) | 137 |
| IMR (per 1,000 live births) | 95 |
| Underweight (% moderate and severe) (1991) | 40.4 |
| Maternal mortality rate (per 100,000 live births) | 500 |
| Literacy (% male/female) | 46/21 |
| Primary school enrolment (% gross, male/female) | 59/31 |
| Primary school children reaching grade 5 (%) | 47.8 |
| Access to safe water (%) (1991) | 79 |
| Access to health services (%) | 55 |
| GNP per capita | $430 |

One-year-olds fully immunized against: (1995)

| | |
|---|---|
| tuberculosis: | 78 per cent |
| diphtheria/pertussis/tetanus: | 66 per cent |
| measles: | 65 per cent |
| poliomyelitis: | 66 per cent |

Pregnant women immunized against:

| | |
|---|---|
| tetanus: | 30 per cent |

## THE SITUATION OF CHILDREN AND WOMEN

1. Pakistan, which has an estimated population of 128 million, has four provinces and four territories under federal administration, with variations in social indicators, socio-cultural practices and languages. However, many of the challenges faced by children and women are similar throughout the country. Although the economy has been growing in recent years, with the gross domestic product rising by 4.7 per cent in 1995, the pace of social development has been much slower.

2. Although data are not completely reliable, the situation of children and women is far from acceptable given the country's economic progress. Some 700,000 children die annually before reaching the age of five years, 35 per cent of them from diarrhoeal diseases. Other causes include acute respiratory infections (ARI), measles and neonatal tetanus. Underlying causes are poor care and hygiene practices, malnutrition, inadequate health care services and lack of access to sanitary facilities.

3. The country has made good progress towards polio eradication, universal salt iodization and universal access to safe water, and no cases of dracunculiasis (guinea worm disease) have been reported since 1993. The ratification of the Convention on the Rights of Child in 1990 and the subsequent withdrawal of reservations in 1995 represent another major success. However, achieving goals for sanitation, education, nutrition and protection poses serious qualitative and quantitative challenges. Inadequate food intake, frequent infections and poor caring practices result in a malnutrition rate of more than 40 per cent (10 per cent severe). Vitamin A deficiency is an unrecognized problem in parts of the country. Anaemia affects 60 per cent of children under five years of age and 65 per cent of women of reproductive age.

Data on maternal mortality are not consistent, but no significant improvement has been observed in recent years. Too many births, or those that are too close together or occur at too young an age, and women's poor nutritional status contribute to maternal mortality. Some 80 per cent of deliveries take place at home with untrained help and scant referral or back-up support to handle complications or emergencies.

4. Literacy levels have increased very slowly since 1950, reaching only an average of 35-40 per cent because of low rates of access to schools and a high drop-out rate. Irrelevant curricula, unstimulating teaching practices and unattractive classroom environments do not motivate children or their families. Child labour, lack of sanitary facilities and teacher absenteeism are contributing factors. A lack of community participation and support at home are underlying causes.

5. Children and women do not fully enjoy their rights because of the weakness of the legal protection framework, people's lack of awareness about their rights and weak monitoring systems. An estimated 8 million children are in the labour force. Existing laws against child labour are not enforced effectively and do not protect children adequately from exploitative and hazardous work. Children in prisons and in urban slums are particularly at risk of exploitation. In the population at large, there are more males than females, an indication of long-term discrimination against girls and women. Social attitudes, the feudal power structure and inequitable distribution of resources contribute to the low status of women. The Government is now in the process of ratifying the Convention on the Elimination of All Forms of Discrimination Against Women, an important step in a national process aimed at improving the position of women in Pakistan.

6. There is an extensive infrastructure to deliver basic social services through vertical programmes. However, only 20 per cent of the population use public health services and some 40 per cent of children complete primary education. Contributing factors include poor quality of services, lack of supplies, inappropriate behaviour of service providers and cultural barriers limiting women's mobility. Reliance on private practitioners is extensive, even by lower-income groups, which highlights the need to take into account a wide range of service providers. Service delivery is managed by officials at the district level, making them key partners in expanding coverage and monitoring services in order to achieve the goals for the decade.

7. Despite recent improvements at the policy level, the social sectors still lack resources. Existing allocations favour infrastructure, salaries and training of workers. High-cost water schemes have priority, while attention to sanitation is negligible. Physical and human resources are inefficiently deployed. Management skills are weak and programme managers are unmotivated. There is limited participation in development by non-governmental organizations (NGOs), community-based organizations, the private sector, the media and religious and political forces. There is little coordination of efforts or impact assessment. There is a lack of data disaggregated by gender, social group or sub-provincial areas, and more needs to be known about the magnitude, severity and location of disparities.

8. The Government's Social Action Programme (SAP) reflects a major positive change. It focuses on increased coverage and quality of basic services in health, primary education, family planning and rural water supply and sanitation, as well as institutional capacity-building and reduction of gender inequalities. SAP also provides an opportunity for coordination with major donors and United Nations agencies. The challenge is to transform SAP policies into action while developing mechanisms for community participation to ensure sustainable progress towards the decade goals.

## PROGRAMME COOPERATION, 1992-1996

9. The original objectives of the programme for the period 1992-1996 were reoriented to pursue the mid-decade goals by supporting immunization; the control of ARI; the control of diarrhoeal diseases; health management information systems; the training of traditional birth attendants; the promotion of breast-feeding through the Baby-Friendly Hospital Initiative; and universal salt iodization. Data on salt iodization indicate that production has increased from 5 to 25 per cent of national requirements since 1994. National Immunization Days and an Oral Rehydration Therapy Week showed positive results by supporting districts with intensive communication activities. UNICEF-supported activities in the water supply programme demonstrated low-cost schemes, using simple technologies with community participation. This led to the Government allocating funds to replicate the model. In education, UNICEF support to successful models implemented by NGOs encouraged Government recognition of the role of communities.

10. Overall, the programme used sectoral strategies, had many small and unconnected project activities and emphasized support for service delivery. Evaluations showed this approach to have limited sustainability and coverage. Studies demonstrated that intersectoral coordination and convergence of services at the village level, involvement of the private sector, community participation and involvement of women as community workers had more impact than top-down service delivery approaches alone.

11. Advocacy activities demonstrated that policies for children and women can be influenced favourably at federal and provincial levels and that increased resources can be mobilized for a broad range of social goals. The catalytic role of UNICEF has emerged more strongly, while a greater awareness of issues relating to children's and women's rights has opened up new opportunities for action.

RECOMMENDED PROGRAMME COOPERATION, 1996-1998

Estimated annual expenditure

(In thousands of United States dollars)

| | 1996 | 1997 | 1998 | Total |
|---|---|---|---|---|
| General resources | | | | |
| Health | 2 308 | 2 010 | 1 715 | 6 033 |
| Nutrition | 1 226 | 1 060 | 895 | 3 181 |
| Basic education | 2 298 | 2 000 | 1 700 | 5 998 |
| Water and environmental sanitation | 1 784 | 1 560 | 1 320 | 4 664 |
| District-intensive programme | 600 | 508 | 415 | 1 523 |
| Advocacy and communication | 1 812 | 1 570 | 1 314 | 4 696 |
| Monitoring and evaluation | 1 269 | 1 088 | 909 | 3 266 |
| Programme management and support | 1 573 | 1 644 | 1 742 | 4 959 |
| Subtotal | 12 870 | 11 440 | 10 010 | 34 320 |
| Supplementary funds | | | | |
| Health | 2 100 | 2 300 | ? 368 | 6 768 |
| Nutrition | 2 455 | 1 900 | 1 900 | 6 255 |
| Basic education | 2 070 | 2 300 | 2 645 | 7 015 |
| Water and environmental sanitation | 3 700 | 3 400 | 3 400 | 10 500 |
| Advocacy and communication | 1 800 | 1 800 | 900 | 4 500 |
| Subtotal | 12 125 | 11 700 | 11 213 | 35 038 |
| Total | 24 995 | 23 140 | 21 223 | 69 358 |

12. The short-duration "bridging" programme for the period 1996-1998 is a response to the shortcomings of the original programme for the period 1992-1996 and the need, felt by both UNICEF and the Government, for a major change of approach. However, this new approach will require time to develop fully. The programme also will synchronize UNICEF cooperation with Pakistan's five-year planning cycle and that of the other member agencies of the Joint Consultative Group on Policy. The programme was developed through a participatory process involving federal and provincial governments, UNICEF, other United Nations agencies, donors and NGOs. Programme strategies were refined and finalized during a national strategy meeting held in September 1995. Core activities, described below, to achieve the objectives of the programme will be funded from general resources. Supplementary funding will be used to expand coverage of specific activities within sectors and under the district-intensive programme.

Objectives and strategies

13. The programme must be seen in a wider context of national efforts towards human development. Civil society, including NGOs, community organizations, religious groups, the media, the private sector and families, also must become stronger partners in the development process. UNICEF cooperation will focus on children and women as beneficiaries of and participants in this process. UNICEF

will support the Government in moving towards selected goals for children. Steps towards achievement of the decade goals will promote implementation of the Convention on the Rights of the Child. The basic principles of the latter and of the Convention on the Elimination of All Forms of Discrimination Against Women provide an ethical framework for the programme.

14. Selected goals for the year 2000 in the national programme of action provide a basis for cooperation between UNICEF and the Government. These are: (a) to reduce maternal, infant and under-five mortality, with a focus on diarrhoeal diseases, vaccine-preventable diseases, iodine deficiency disorders (IDD) and ARI; (b) to reduce malnutrition in children; (c) to increase access to safe water and coverage of basic sanitation; and (d) to increase primary school enrolment and completion rates.

15. The intention is to support progress towards goals with the introduction of a "rights approach". This approach means that the state and civil society have obligations to respect, protect and fulfil all the rights enshrined in the two relevant Conventions. This will require the establishment of a high-quality process, characterized by participation, local ownership and empowerment.

16. The interrelated objectives of the programme are:

(a) To inform federal, provincial and district authorities, members of civil society and families and children about the idea that basic services are rights of women and children;

(b) To strengthen national capacity to expand coverage of basic services by 5 per cent compared to 1995 levels and increase utilization of services by at least 15 per cent compared to 1995 levels;

(c) To train at least 60 per cent of district teams to plan, manage, monitor and evaluate the delivery of services at the community level;

(d) To increase by at least 200,000 the number of girls and women trained and empowered to act as agents of change in their own families and communities;

(e) In selected districts, to demonstrate the synergistic effect of programme strategies for improving key indicators for selected goals and develop an operational model for district-intensive convergent programming for future replication;

(f) To increase the allocation and mobilization of additional resources by federal and provincial governments and within communities for primary health care (PHC), universal primary education and water supply and sanitation so as to ensure sustainable achievement of goals for children.

17. The mix and weight of strategies will begin to shift away from service delivery and towards a catalytic role to strengthen the capacity of the Government and civil society in support of expanded and sustainable service coverage. UNICEF will provide limited support for service delivery for demonstration and advocacy purposes. Emphasis on building partnerships and communication capacity will accelerate progress towards the goals in a way that fosters participation and empowerment.

18. The four broad strategies to be pursued within the various programme components outlined below are: (a) advocacy, to link social sector policies at the district level, promote legislation in conformity with the two Conventions and generate increased allocations to social development; (b) capacity-building,

to improve government services at the district level and to facilitate monitoring, evaluation and action by communities themselves, inter alia, to strengthen SAP; (c) social mobilization and communication, to strengthen partnerships with civil society and other donors; and (d) promotion of the participation of women and girls in programme activities, leading to their empowerment.

Health

19. UNICEF cooperation will help the Government to improve policies for PHC for implementation on a large scale. While the programme is national in scope, UNICEF assistance will support the design and implementation of selected initiatives to help demonstrate workable models. Successes and the processes used will be carefully documented to facilitate replication nationwide.

20. Support will be provided for the deployment of 100,000 female community health workers and the delivery of information to families on a broad range of health problems and concerns. Collaboration with NGO and donor partners will be strengthened. Procurement services will be provided to strengthen the country's capacity to address its own needs for basic supplies.

21. Technical and organizational capacities of health workers will be strengthened at district and subdistrict levels in selected districts through training and support to planning. The programme will look for ways to improve referral systems and stress intersectoral linkages. Collaboration with the education sector will focus on linking youth and women's health concerns with school curricula.

Nutrition

22. UNICEF will help to strengthen Government capacity to develop a comprehensive strategy and action plan to reduce protein-energy and micronutrient malnutrition. Activities will assist the Government and civil society to better understand the nature and cross-sectoral causes of malnutrition, promoting the assessment, analysis and action (the "triple A" approach) processes at community and other levels.

23. The experience gained in implementing the IDD control programme, i.e., fortification, legislation, media campaigns and social marketing, will be used to expand programmes to combat vitamin A and iron deficiencies. Support will continue to ensure iodization of at least 80 per cent of all edible salt by 1997.

Water and environmental sanitation

24. The programme will strengthen sanitation and hygiene through policy advocacy and increased resource allocations, by involving female sanitation promoters and by improving intersectoral linkages with health and education. Priority will be given to increasing sanitation coverage in girls' schools. Low-cost, community-based options will be supported for demonstration purposes. Technical assistance will be provided to expand national capacity to replicate experiences nationwide. Partnerships within SAP and among the Government, NGOs, community organizations, donors, the private sector and village committees will be supported for sustainability.

Education

25. The focus will be on improving primary education enrolment and completion rates, especially for girls, using both formal and non-formal approaches as components of a unified primary education system. The programme will have national coverage for selected activities, including advocacy and social mobilization; capacity-building of key government institutions that affect the delivery of educational services nationwide; training support to all districts, using a phased approach, to improve technical, analytical and managerial capacities for expanded and improved service delivery, stressing multisectoral linkages; and strengthening national and provincial education management information systems. Innovative non-formal approaches will be assessed for replicability. Local-level planning, management and monitoring will be encouraged. A strategy for teacher empowerment and community involvement will be tested further in selected communities.

Advocacy, social mobilization and programme communication

26. Advocacy will be carried out with federal and provincial policy makers, as will social mobilization to build partnerships between service providers and civil society. Communication activities, using a wide range of channels, will raise awareness of rights, provide families with information on action they can take themselves and create demand for improved services while increasing utilization. This will initiate an approach to service provision through a process which empowers people to participate in their own development and strengthens the quality and sustainability of services. Communication strategies and materials will support intersectoral linkages between activities in the areas of education, health, water and environmental sanitation and nutrition.

27. Support will be provided for improving the legislative framework relating to children's and women's rights, including review of laws from a rights perspective, advocacy for improved enforcement of laws, monitoring of violations and raising general awareness of rights. "Protection" issues, including birth registration, juvenile justice and child labour, will be given priority. The reduction of disparities, with a focus on gender issues, will be a key theme of all communication and advocacy activities. At the district level, support will be provided for the training of intersectoral groups of officials to enhance their skills in communication and in facilitating the participation of civil society.

District-intensive programme

28. In seven selected districts, and in conjunction with SAP, UNICEF will support activities for building capacities to integrate, expand, improve and sustain the delivery of basic social services. The programme will promote improved coordination among district officials so that services converge at the community level. Training facilitators and community-based mobilizers will build the capacities of communities to assess problems, analyse causes and design relevant actions, followed by monitoring. Facilitators will be chosen from among district and subdistrict extension workers and NGO staff, and mobilizers will be members of community organizations and other respected people in the community. A priority will be to engage women in both of those roles. The process and impact will be monitored and documented to build a knowledge base for wide-scale replication during the next country programme.

29. These capacity-building efforts will be linked to other activities and inputs will be provided within the programme and under SAP. This activity will provide not only an area-specific framework for UNICEF support, but create

sustainable partnerships between the Government and communities for SAP and other programmes that can be replicated and expanded to other districts.

Monitoring and evaluation

30. Strong monitoring and evaluation are key to the bridging programme. The programme will continuously monitor and document the relevance and usefulness of strategies to identify changes required and, more importantly, help determine the best mix of strategies to be pursued in the subsequent long-term UNICEF programme of cooperation. Capacity-building for monitoring and evaluation will be encouraged, especially at the district level, using "triple A" approaches and stressing participation, accountability and feedback.

31. There will be support to initiatives to compile information on indicators in a disaggregated manner, e.g., by gender and district, including assistance to a nationwide rapid assessment of key indicators, activities and resources down to district levels to obtain baseline data against which progress can be measured. This will be coordinated with activities implemented under SAP.

Cooperation with United Nations agencies and other partners

32. UNICEF participated in the preparation of the Government's country strategy note and continues to cooperate with the World Health Organization, the World Bank, the United Nations Population Fund, the United Nations Development Programme and the Asian Development Bank. Important bilateral partners are the Governments of Canada, Japan, the Netherlands and the United Kingdom. Coordinating mechanisms include the Multi-Donor SAP Steering Committee, of which UNICEF is a member.

33. UNICEF will continue to advocate increased resource allocations for children by these partners and by the Government, NGOs and community organizations. It will support implementation of SAP by sharing experiences in working with civil society and will work for improved coordination both with and among these partners.

Programme management

34. As the federal Government's focal point for cooperation with UNICEF, the Ministry of Health will ensure the cooperation of other ministries, promote information exchange and convene regular reviews. The Planning Commission will provide guidance on monitoring and evaluation and facilitate linkages between the bridging programme and the next country programme. Within the framework of the master plan of operations, programme plans of operations will be developed with line ministries and departments at federal, provincial, territorial and district levels.

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FOR ACTION

# COUNTRY PROGRAMME RECOMMENDATION**

## Albania

SUMMARY

The present document contains a recommendation for funding the country programme of Albania which has an annual planning level of $1,000,000 or less. The Executive Director recommends that the Executive Board approve the amount of $4,850,000 from general resources, subject to the availability of funds, and $10,000,000 in supplementary funds, subject to the availability of specific-purpose contributions, for the period 1996 to 2000.

* E/ICEF/1996/9.

** In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

## BASIC DATA

(1994 unless otherwise stated)

| | |
|---|---|
| Child population (millions, 0-15 years) | 1.1 |
| U5MR (per 1,000 live births) | 41 |
| IMR (per 1,000 live births) | 34 |
| Underweight (% moderate and severe) | ../.. |
| Maternal mortality rate (per 100,000 live births) (1990) | 65 |
| Literacy (% male/female) | ../.. |
| Primary school enrolment (% net, male/female) | ../.. |
| Primary school children reaching grade 5 (%) (1990) | 97.5 |
| Access to safe water (%) | ../.. |
| Access to health services (%) | ../.. |
| GNP per capita | $360 |

One-year-olds fully immunized against:

| | |
|---|---|
| tuberculosis: | 81 per cent |
| diphtheria/pertussis/tetanus: | 96 per cent |
| measles: | 81 per cent |
| poliomyelitis: | 97 per cent |

Pregnant women immunized against:

| | |
|---|---|
| tetanus: | 92 per cent |

## THE SITUATION OF CHILDREN AND WOMEN

1. Albania, the smallest country in the Balkans and one of the poorest in Europe, has emerged from 50 years of self-imposed isolation. Nearly two thirds of the estimated 3.4 million (1992) inhabitants of this mainly mountainous country live in rural areas. The population growth rate of 1.9 per cent, while high by European standards, has slowed since 1991 owing to the difficult economic situation and the emigration of many Albanians to neighbouring countries. With the exception of the 1991 turmoil, the transition so far has been remarkably peaceful given the volatile combination of extremely rapid change, poverty, food shortages and unemployment. The situation, however, remains fragile, with a decline in growth of gross domestic product from 11 per cent in 1993 to an estimated 6 per cent in 1995.

2. During the pre-transition era, Albania developed a comprehensive range of social services that benefited the entire population, with achievements in health and education that were remarkable given the country's resources. In the early 1990s, almost 80 per cent of the population were literate, having completed at least four years of school. Access to basic health care was universal. Social services, however, were evaluated using quantity-oriented indicators and were overwhelmingly oriented towards institutional rather than preventive family-based care.

3. Information on the country's social situation is unreliable, which prevents a comprehensive analysis of the causes and extent of the emerging poverty and changes affecting the most vulnerable groups. A reported 20 per cent of the population live in absolute poverty, with wide disparities

between geographic areas and urban and rural populations. The number of urban poor increased fivefold to between 25 and 30 per cent of the population between 1991 and 1993, and in spite of increased rural incomes, poverty levels may be higher in the poor mountainous areas of the north and north-east.

4. Although Albania ratified the Convention on the Rights of the Child in 1992 and has signed the Declaration of the World Summit for Children, the Government has not yet formulated a national programme of action (NPA) for children and women, and does not have any comprehensive policies addressing the needs and rights of children.

5. The 1994 infant mortality rate (IMR), at 35.7 per 1,000 live births, represented a slight decrease from the 1990 level of 41.8, although some districts have IMRs that are double the national average. The main causes of infant mortality are acute respiratory infections (ARI) (38 per cent), diarrhoeal diseases (13 per cent) and perinatal conditions, which may be the leading killer of infants as one third of infant deaths occur within the first month of life. The leading causes of under-five mortality are ARI and diarrhoeal diseases. Parasitic diseases affect a large number of children aged 1-4 years and are linked to poor hygiene habits and inadequate access to safe water and sanitation. Sample surveys suggest the prevalence of some malnutrition, while micronutrient deficiencies, such as iodine deficiency, represent a severe public health problem.

6. A high maternal mortality rate (MMR) (40.5 per 100,000 live births in 1994) is attributed to the very high frequency of abortions, short intervals between births and the high number of births per woman. Only 10 per cent of all women of reproductive age have access to contraceptives. Anaemia affects most pregnant women, especially those between 25 and 29 years of age.

7. The educational system currently is being overhauled to improve the quality of teaching through a reform of the curriculum and teaching methodologies. Some 94 per cent of children are enrolled in primary school, with no evidence of any gender disparities in enrolment. In 1994, preschool enrolment decreased from the previous rate of 58 per cent to 35 per cent largely because of the destruction and closure of many kindergartens, the privatization of the farming economy (leading to the closure of state-run preschools at cooperatives) and unemployment.

8. The situation of children in institutions has improved slightly since 1991 owing to the support of international non-governmental organizations (NGOs). Fortunately, strong family ties still prevent massive institutionalization of orphans and abandoned children, although the economic crisis is starting to erode this good tradition. Street children, often associated with gypsies in Albania, are still largely ignored.

## PROGRAMME COOPERATION, 1993-1995

9. In 1993, a country programme of cooperation in Albania was approved by the Executive Board for the period 1993-1995 with an allocation of $3,000,000 in general resources and $6,000,000 in supplementary funds (E/ICEF/1993/P/L.21) to assist the Government in rehabilitating the basic social services disrupted during the 1991 revolution. UNICEF assistance focused mainly on health and nutrition, basic education, water supply and sanitation, children in especially difficult circumstances and social mobilization.

10. In the areas of health and nutrition, UNICEF assistance aimed to improve the quality and coverage of the primary health care (PHC) network, with special emphasis on maternal and child health. UNICEF supported the Government in ensuring the total immunization of Albanian children by providing all required vaccines and disposable syringes against the six major diseases of the expanded programme on immunization (EPI), as well as tetanus toxoid vaccine for all pregnant women and girls under 15 years of age. Support also included the introduction of a standardized vaccination card, training activities for all health workers, the production and dissemination of information and educational material for families, and the organization of a national immunization campaign in partnership with the mass media.

11. To combat ARI, standard World Health Organization (WHO) treatment guidelines were introduced and disseminated. Training manuals were distributed and printed and the training of doctors in cities and villages is under way. Diarrhoeal diseases were controlled through the nationwide supply of oral rehydration salts (ORS), with instructions in Albanian; the adaptation of training materials for oral rehydration therapy and training of trainers covering all paediatricians; and support for monitoring and supervision through the provision of vehicles. In addition, a supplementary-funded comprehensive programme for cholera prevention is being implemented. Largely because of UNICEF-assisted activities, no cholera cases were reported in 1995.

12. To combat iodine deficiency, a serious public health problem, assistance was provided to the Government for special testing of iodized salt as well as transport for supervision.

13. With the Government, UNICEF and the United Nations Development Programme (UNDP) reviewed the situation of the educational sector and its immediate needs and medium- and long-term plans. UNICEF, UNDP and the United Nations Educational, Scientific and Cultural Organization (UNESCO), together with the Ministry of Education, prepared a policy paper on major educational issues as a first step towards establishing a long-term strategy to develop human resources in Albania.

14. In the area of pre-primary education, UNICEF assisted four kindergartens which will serve as pilot institutions for retraining activities for teachers. The trainers at the pilot sites were trained in Italy. A national seminar on pre-primary education was organized in December 1994, with the help of UNICEF and specialists from the town of Reggio Emilia, Italy.

15. The main concern in primary education has been the quality of teaching and curriculum content. A teacher-training project was launched in September 1993 and a national reference centre was established in January 1995. In addition, the Convention on the Rights of the Child has been disseminated through booklets, teachers' guides, seminars and posters, and human and child rights are being incorporated into the primary school curriculum.

16. An excellent relationship with the media has helped to promote the Convention on the Rights of the Child, disseminate health education, celebrate National Children's Day and build partnerships in the national immunization campaigns. Excellent relationships with political and social leaders, including mayors, provide a strong alliance to advocate for children.

Lessons learned

17. Despite good relationships with policy makers, the absence of comprehensive national strategies and overall social sector policies reduces the impact of assistance aimed at improving the situation of children and women. Accordingly, emphasis should be on capacity-building and reorientation within the social sector, together with maximum coordination with the Government and other donors at the national level. There is a need to ensure the national advocacy and policy impacts of all UNICEF interventions, both on the Government and other donors; to assist in improving national data as an input for policy formulation and advocacy activities; to support community participation and decentralization; and to identify, reactivate and adapt successful and appropriate past practices in the new social context.

18. Maximum use must be made of media and other social mobilization tools to influence public opinion in favour of children and women, in addition to coordination with NGOs, especially at district and local levels.

19. New approaches should be based on successful trials validated by joint monitoring and evaluation with partners prior to national replication. In this process, identification and use of appropriate entry points is required, and UNICEF assistance needs to be concentrated on more cost-effective and sustainable approaches.

RECOMMENDED PROGRAMME COOPERATION, 1996-2000

Estimated annual expenditure

(In thousands of United States dollars)

| | 1996 | 1997 | 1998 | 1999 | 2000 | Total |
|---|---|---|---|---|---|---|
| General resources | | | | | | |
| Social policy planning and advocacy | 100 | 150 | 150 | 150 | 100 | 650 |
| Maternal and child health | 400 | 410 | 410 | 430 | 450 | 2 100 |
| Education | 240 | 260 | 260 | 240 | 250 | 1 250 |
| Area-based programme | - | 80 | 80 | 80 | 100 | 340 |
| Programme support | 110 | 100 | 100 | 100 | 100 | 510 |
| Subtotal | 850 | 1 000 | 1 000 | 1 000 | 1 000 | 4 850 |
| Supplementary funding | | | | | | |
| Social policy planning and advocacy | 10 | 60 | 110 | 160 | 160 | 500 |
| Maternal and child health | 1 450 | 1 300 | 900 | 800 | 800 | 5 250 |
| Education | 400 | 500 | 600 | 700 | 800 | 3 000 |
| Area-based programme | - | 100 | 250 | 450 | 450 | 1 250 |
| Subtotal | 1 860 | 1 960 | 1 860 | 2 110 | 2 210 | 10 000 |
| Total | 2 710 | 2 960 | 2 860 | 3 110 | 3 210 | 14 850 |

Objectives and strategies

20. Within the framework of the Convention on the Rights of the Child, the objective of the new country programme is to promote the survival, development, protection and participation of children and women in Albania. The key elements of the programme strategy will assist the Government to: (a) ensure at least basic service delivery, especially for vulnerable populations in term of their needs in health, education and attention to children in especially difficult circumstances; (b) emphasize capacity-building, especially to enhance the capacity of national and local government agencies to analyse data and formulate policies and programmes to benefit women and children; (c) implement activities aimed to empower women, children, families and the community, allowing them to improve their own situations; (d) participate in social research as a basis for planning and advocacy, ensuring the availability of data on the status of Albanian children and women and trends in the social sector; and (e) support local NGOs and work in partnership with international NGOs.

21. Advocacy will aim to influence the Government, local and international NGOs, communities and the society at large, as well as donors. Intersectoral cooperation to achieve synergy between sectoral programmes will be encouraged. Assistance will be given to develop and support comprehensive models of social development through area-based projects aimed at replication throughout the country.

Social policy planning and advocacy

22. The programme will help to formulate a social policy to benefit all children and women in Albania through the development of: (a) national mechanisms to monitor their situation on an ongoing basis, strengthening the collection, analysis and utilization of data; and (b) a national policy which complies with the Convention on the Rights of the Child. Advocacy activities will focus especially on the most disadvantaged and the promotion of a national awareness of women's and children's issues. Assistance will be provided to the Government for the preparation and publication of an NPA.

23. With inter-agency and donor collaboration, UNICEF will help to strengthen national capacity to design, implement and analyse social research activities that form the basis for designing and evaluating social sector policies. Assistance will be given to the Government, the university and NGOs to undertake extensive household surveys to monitor socio-economic indicators. A national poverty assessment will be prepared jointly with the World Bank and UNDP to collect data on trends in household incomes and expenditures, nutritional status and families' access to both effective social services and information. UNICEF will support and provide training to the National Institute of Statistics to ensure that components on children and women are included routinely in national data collection activities. Where necessary, UNICEF, together with a national counterpart, also will undertake limited rapid assessments to generate data to detect problems that require more detailed study or immediate action.

Maternal and child health

24. The programme will focus on improving the health situation of women and children by strengthening basic health care services, especially in rural areas. The programme aims to reduce IMR to 25 per 1,000 live births, the under-five mortality rate to 32 per 1,000 live births and MMR to 25 per 100,000 live births. It will aim to improve the quality and coverage of PHC, eliminate iodine deficiency and significantly reduce micronutrient deficiencies.

25. At the policy level, UNICEF will work to improve routine reporting systems and to strengthen the capacity of institutions to base their programmes on accurate and up-to-date information. Initially advocacy efforts will focus on maternal mortality, breast-feeding/nutrition, ARI and diarrhoeal diseases. These activities will be undertaken in close collaboration with other agencies and donor Governments. A reformed health policy and a correct pharmacological policy, including an essential drugs policy, will be formulated next year for implementation at national and local levels.

26. Activities for eradicating polio and achieving 90 per cent coverage against the six EPI diseases will be continued by providing vaccines and cold-chain equipment. In collaboration with WHO, the United Nations Population Fund (UNFPA), the World Bank and others, support will be given to technical training and retraining of health staff to ensure proper treatment and prevention of the major diseases, as well as training in nutrition and hygiene.

27. Priority will be given to the prevention and treatment of diarrhoeal diseases, including continued support for water treatment, technical assistance for latrine design and expansion in urban and rural areas without sewerage systems, the provision of ORS, training of health workers and promotion of breast-feeding. WHO training materials will continue to be adapted, and a standard treatment protocol following WHO guidelines will be developed and distributed.

28. Cooperation with UNFPA will be sought for health education and safe motherhood. Support will be provided for the distribution of WHO manuals on safe motherhood, and training will be provided to midwives, nurses and physicians in the early detection of at-risk pregnancies and birth attendance.

29. UNICEF will support the Baby-Friendly Hospital Initiative in seven maternity hospitals and assist the Ministry of Health to monitor results leading to a revision of medical training curricula and to the development of related policies and legislation. Advocacy with policy makers, donors and NGOs will be carried out to generate support for improved breast-feeding practices.

30. Surveys will be carried out to determine malnutrition levels and micronutrient deficiencies. UNICEF will continue to advocate the banning of non-iodized salt for human and animal consumption and provide the Ministry of Health with iodine tablets and vials, together with training of health personnel. Technical assistance and equipment to factories producing iodized salt will be made available, and Facts For Life will include a special chapter on iodine deficiency to be used in schools and by community-based workers and NGOs.

31. As part of the overall health reform emphasizing prevention and the promotion of healthy behaviour, support will continue to be given to health promotion through the development of complementary information, education and communication activities to address health issues in a more holistic manner through Facts for Life.

Education

32. Support will be given to improve the quality of pre-primary and primary education, and to encourage higher enrolment rates and higher learning achievements, complementing the work being carried out by UNESCO, UNDP, the World Bank and the Soros Foundation. Together with other key partners, assistance will be given to design the pre-primary and primary education component of the national education white paper.

33. In the area of primary education, support will be given to the qualitative improvement of primary education through curriculum reform and teacher training, community empowerment in the schooling system, and the development of innovative and cost-effective approaches and school health education.

34. In collaboration with the Soros Foundation, the European Union and the University of the Nations (Hawaii, United States), support will be given to the Ministry of Education in the development and evaluation of the model of pre-primary schools developed in Reggio Emilia, Italy. At the same time, assistance will be given to the development of family- and community-based early childhood development programmes to cover the great majority of children who do not attend preschool centres because of economic or geographic constraints.

Area-based programme

35. Three community-centred projects at district and municipal levels will be developed for nationwide replication. In the early stages, UNICEF mainly will support activities aimed at strengthening the capacity of local authorities in assessing and analysing the most important problems affecting children and women in their communities. Communities will be encouraged to develop an ongoing comprehensive situation analysis, to prioritize goals and to formulate action plans, while mobilizing and allocating resources. At the national level, UNICEF will seek to work with the Government to establish clear policies on the role of local governments in providing basic services to communities.

Monitoring and evaluation

36. A reliable process for monitoring programme activities is foreseen through: (a) regular internal sectoral reviews; (b) joint field visits; (c) regular discussions and reviews with government counterparts and donors; and (d) formal annual review and planning meetings. A series of programme evaluations is planned, including a rapid appraisal of each project to take place in late 1997 and serve as an input to the mid-term review. Comprehensive evaluations of the health, education and area-based programmes will take place during the fourth year of the programme cycle to serve as an input to the next programming exercise. Evaluations will examine changes and their significance in relation to effectiveness, efficiency, relevance, impact and sustainability.

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